

09/787964

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		4-5-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	9/28/02
2	11/11/02
3	11/11/02
4	11/11/02
5	11/11/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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